

## DEKALB COUNTY POLICE DEPARTMENT

GA0440200

## INCIDENT REPORT

Case #:

17-057675

EVENT

Incident Type: 16-5-70 (3802) Cruelty to children	Counts: 1	Incident Code: 3802	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:
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Premise Type: ALL OTHER	Weapon Type:	Forceful:	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>	Loc Code: 220
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Date Report: 6/10/2017 7:00:00 PM	Incident Start: 4/10/2017 12:00:00 PM	Incident End: 6/9/2017 12:00:00 PM	Incident Location: 937 Briarcliff Rd Atlanta GA
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VICTIM

Name (Last, First Middle): [REDACTED]	Moniker:	DOB: [REDACTED] 2010	Age: 6	Sex: F	Race: W	Ethnicity:
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Address: [REDACTED] Shelbyville TN 37160-	Home #:	Work #:	Cell #:	Email:
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SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:
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Occupation:	Employer:	Address:	Employer Phone:
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Victim Type: PERSON/INDIVIDUAL (NOT Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Name of Victim's School:	LEOKA Activity Type:	LEOKA Assignment Type:
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Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
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SMTs:
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Relationship To Offenders:	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____
	(6) _____ (7) _____ (8) _____ (9) _____ (10) _____

Offenses Involved:	(1) 3802 (2) _____ (3) _____ (4) _____ (5) _____
	(6) _____ (7) _____ (8) _____ (9) _____ (10) _____

OFFENDER

Name: Unknown, Unknown	Moniker:	DOB: 00	Age: 00	Sex: U	Race: U	Ethnicity:
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Address:	Home Phone:	Work Phone:	Cell Phone:	Email:
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SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:
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Occupation:	Employer:	Address:	Employer Phone:
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SMTs:
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Offenses Involved:
(1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____
(7) _____ (8) _____
(9) _____ (10) _____

WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: <input type="checkbox"/> WEAPON: <input type="checkbox"/>	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
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TOTAL NUMBER ARRESTED: <input type="checkbox"/>	ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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PROPERTY

VEHICLES	CURRENCY, NOTES, ETC.	JEWELRY, PREC. METALS	FURS
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
CLOTHING	OFFICE EQUIP.	TV, RADIO, ETC.	HOUSEHOLD GOODS
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
FIREARMS	CONSUMABLE GOODS	LIVESTOCK	OTHER
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
TOTAL			
\$0.00			\$0.00

ADM.

GOC ENTRY: <input type="checkbox"/> WARRANT: <input type="checkbox"/> MISSING PERSONS: <input type="checkbox"/> VEHICLE: <input type="checkbox"/> ARTICLE: <input type="checkbox"/> BOAT: <input type="checkbox"/> GUN: <input type="checkbox"/> SECURITIES: <input type="checkbox"/>
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DRUG

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin
	<input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown

CLEAR

REQUIRED DATA FIELDS FOR CLEARANCE REPORT: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE: <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
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REPORTING OFFICER  
JAMES A. M.NUMBER  
2167

APPROVING OFFICER

NUMBER

**DEKALB COUNTY POLICE DEPARTMENT****GA0440200****NARRATIVE**

Case #:

17-057675

Officer ID/Name:

2167

James a m

Date:

Approving Officer ID/Name:

2167

James a m

Date:

Title

INITIAL REPORT

The victim states she was physically assaulted on multiple occasions while she was a patient at Laurel Heights Hospital  
Investigation continues.

**DEKALB COUNTY POLICE DEPARTMENT**  
**GA0440200**  
**NARRATIVE**

Case #  
17-037675

Officer ID/Name:

2167

James a m

Date:

Approving Officer ID/Name:

2167

James a m

Date

Title:

SUPPLEMENTAL NARRATIVE

Mr. Tim Meador (Social Worker at T.C. Thompson's Children Hospital) stated the victim arrived at their facility on 6/10/17 and she was covered with bruises and there were spots on her scalp where her hair had been pulled out. Mr. Meador states the victim reports she was assaulted by patients and staff at Laurel Heights Hospital.